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| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/555,816                             |
|  | Filing Date          | November 7, 2005                       |
|  | First Named Inventor | Robert Schegerin                       |
|  | Art Unit             | 3771                                   |
|  | Examiner Name        | Annette Dixon                          |
| Total Number of Pages in This Submission   |                      | Attorney Docket Number<br>41052-321928 |

| ENCLOSURES <i>(check all that apply)</i>  |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i> |
| <div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b><br/><br/> </div>  |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                           |          |        |
|--|---------------------------|----------|--------|
| Firm Name                                  | Kilpatrick Stockton, LLP  |          |        |
| Signature                                  | /Kristin M. Crall 46,895/ |          |        |
| Printed Name                               | Kristin M. Crall          |          |        |
| Date                                       | February 4, 2009          | Reg. No. | 46,895 |

| CERTIFICATE OF TRANSMISSION/MAILING   |               |      |                  |
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| I hereby certify that this correspondence is being electronically filed with The United States Patent Office via EFS Web on the date shown below. |               |      |                  |
| Signature   | /lisa norris/ |      |                  |
| Typed or printed name   | Lisa Norris   | Date | February 4, 2009 |

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